

SERIAL NUMBER 09/324,304	FILING DATE 06/02/99	CLASS 370	GROUP ART UNIT 2731	ATTORNEY DOCKET NO. CASE2
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APPLICANT	<p>ZHENYU WANG, MORGANVILLE, NJ.</p> <p>**CONTINUING DOMESTIC DATA***** VERIFIED PROVISIONAL APPLICATION NO. 60/122,596 03/03/99 <u>DKW</u></p> <p>**371 (NAT'L STAGE) DATA***** VERIFIED <u>DKW</u> <u>NONE</u></p> <p>**FOREIGN APPLICATIONS***** VERIFIED <u>DKW</u> <u>NONE</u></p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/29/99</p>
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY NJ	SHEETS DRAWING 10	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 4
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ADDRESS	DOCKET ADMINISTRATOR (ROOM 3C-512) LUCENT TECHNOLOGIES INC 600 MOUNTAIN AVENUE P O BOX 636 MURRAY HILL NJ 07974-0636
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TITLE	CONSTELLATION DESIGN FOR MODEM RECEIVER
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FILING FEE RECEIVED \$1,126	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Commissioner for Patents
Washington, DC 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1360

SERIAL NUMBER 09/324,304	FILING DATE 06/02/1999 RULE	CLASS 375	GROUP ART UNIT 2631	ATTORNEY DOCKET NO. CASE2	
APPLICANTS ZHENYU WANG, MORGANVILLE, NJ; ** CONTINUING DATA ***** This appln claims benefit of 60/122,596 03/03/1999 <i>dkw</i> ** FOREIGN APPLICATIONS ***** <i>dkw WDW</i> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/29/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Deborah Williams</i> Acknowledged <i>dkw</i> Examiner's Signature Initials		STATE OR COUNTRY NJ	SHEETS DRAWING 10	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 4
ADDRESS 22186					
TITLE CONSTELLATION DESIGN FOR MODEM RECEIVER					
FILING FEE RECEIVED 2302	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		